

<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		<p><b>Complete if Known</b></p>			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/562,903-Conf. #3863		
		Filing Date	December 30, 2005		
		First Named Inventor	Hiroshi Akiyama		
		Examiner Name	D. D. Sullivan		
		Art Unit	1617		
TOTAL AMOUNT OF PAYMENT		(\$)	940.00	Attorney Docket No.	OTA-0007

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>18-0013</u> Deposit Account Name: <u>Rader, Fishman &amp; Grauer PLLC</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>								
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>								
	FILING FEES		SEARCH FEES		EXAMINATION FEES			
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>	
Utility	330	165	540	270	220	110	_____	
Design	220	110	100	50	140	70	_____	
Plant	220	110	330	165	170	85	_____	
Reissue	330	165	540	270	650	325	_____	
Provisional	220	110	0	0	0	0	_____	
<b>2. EXCESS CLAIM FEES</b>								
						<u>Small Entity</u>		
<u>Fee Description</u>						<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Each claim over 20 (including Reissues)						52	26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims						390	195	
<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>			
15 - 20 or HP		0	x	=	<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>	
HP = highest number of total claims paid for, if greater than 20.								
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
3 - 3 or HP		0	x	=				
HP = highest number of independent claims paid for, if greater than 3.								
<b>3. APPLICATION SIZE FEE</b>								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>			<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
_____ - 100 = _____		/50 = _____ (round <b>up</b> to a whole number) x _____			=			
<b>4. OTHER FEE(S)</b>								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1251 Extension for response within first month						130.00		
1801 Request for continued examination (RCE) (see 37 ...)						810.00		

<b>SUBMITTED BY</b>			
Signature	/Linda D. Kennedy/	Registration No. (Attorney/Agent)	44,183
Telephone	(248) 594-0619		
Name (Print/Type)	Linda D. Kennedy		Date
		February 4, 2011	

<b>Fee Transmittal</b>	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: February 4, 2011	Electronic Signature for Linda D. Kennedy: /Linda D. Kennedy/